

Lexington-Fayette Urban County Government
Division of Grant and Special Programs
200 East Main Street, 6th Floor, Lexington KY 40507
(859) 258-3070
CDBG/HOME
Community-Wide Housing Rehabilitation Loan Program

PRELIMINARY APPLICATION

1. Date of Application: _____
2. Applicant's Name: _____
First M.I. Last
3. Co-Applicant's Name: _____
First M.I. Last
4. Home Address: _____
Street Address Zip Code
5. Telephone Number: Applicant: () _____ () _____ () _____
Home Work Cell
Co-Applicant: () _____ () _____ () _____
Home Work Cell
6. # of Persons in Household: _____ Adults 18 or Older _____ Children 17 or Under
7. The annual income from all sources of applicant(s): \$ _____
The annual income from household members 18 and under: \$ _____
TOTAL: \$ _____
8. Do you own the home? Yes _____ No _____
9. I currently : _____ I own my house free and clear
_____ I am buying my house (I have a mortgage to pay off)
_____ Other: _____

10. The current outstanding debt on my home is: \$ _____ 1st mortgage balance
\$ _____ 2nd mortgage balance
\$ _____ Other
\$ _____ TOTAL
11. Please check all of the following programs from which you have received assistance:
REACH _____ CVC _____ Habitat _____ Urban League _____ Repair Affair _____ KHC _____

I/We certify that all the statements on this pre-application are true and correct to the best of my/our knowledge.
I/We understand that any willful misstatement of material fact may be grounds for disqualification.

Applicant: _____
Signature Date

Co-Applicant: _____
Signature Date

FOR OFFICE USE ONLY

PVA: \$ _____ Previously Assisted? _____ When: _____ Program: _____ Amount: \$ _____

Denied Previously? _____ When: _____ Reason: _____ Placed on Waiting List: _____ By: _____

CE _____ M _____ R _____ TFN _____ RA \$ _____ CAC \$ _____ Letter Sent _____ By: _____